

Entered - 11/18/00 - sb  
CL 00L0708 - GWENDOLYN BURNS

CLAIM OF: WILLIAM S. KATZ  
2177 Street DeVille  
Atlanta, Georgia 30345

01- R-0518

For vehicular damages alleged to have been sustained as a result  
of a metal plate in the roadway on October 9, 2000 at 6333  
Roswell Road, NE.

THIS ADVERSED REPORT IS  
APPROVED

BY: Rosalind Rubens Newell by *Rosalind Rubens Newell* DCA  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0708

Date: March 15, 2001

Claimant /Victim WILLIAM S. KATZ  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 2177 Street DeVile, Atlanta, Georgia 30345  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,193.97 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 11/6/00 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 10/9/00 Place: 6333 Roswell Road, NE  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that his vehicle sustained property damage when he drove over a metal plate in the roadway. However, Peachtree Road, NE is a state route and is maintained by the State of Georgia and not the City of Atlanta. Furthermore, the location of Claimant's incident falls outside the City's jurisdiction. The Claimant has been advised of same and his claim has been forwarded to the Department of Transportation and Fulton County Government for resolution.

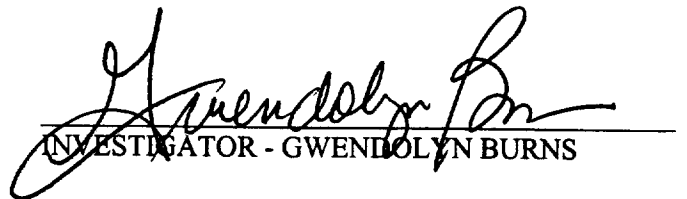
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others X Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

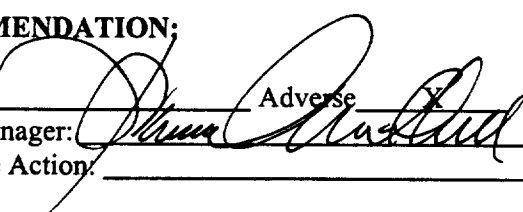
BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 03-16-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

NOV - 6

RE: CLAIM FOR DAMAGES

Today's Date: 10/27/00

Dear Municipal Clerk:

06-11-00P12:00 PM  
ENTERED - 11-18-00 - SB  
00L0708 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1193.97 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 10/9/00 (month/day/ year) 2. Time of Incident: 4:30pm 3. Police called: 6333-6317 Yes No

4. Location of incident (including street address):

5. Name of your insurance company: Policy No.

6. State what and how incident occurred: While travelling south bound on Roswell Rd., in the left lane, I ran over a dug up manhole and which the pavement had been cut away. The two wheels on the left side of the car became cracked and bent as a result of the impact. The tire on the front wheel was also damaged.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Volvo 96 William S. Katz  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: Patricia Katz 2177 St Deville, Atl, GA 30345 404 325-9908  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

William S. Katz  
(Print Claimant's Name)

2177 Street Deville  
(Address)

Atlanta, GA 30345  
(City, State and Zip Code)

404 240-3762 404 325-9908  
(Work Number) (Home Number)

(9) 828-6762

01-R-0518